

MOUNDVIEW MEM EXTENDED CARE

402 W LAKE ST PO BOX 40

FRIENDSHIP 53934

Phone: (608) 339-3331

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/04): 18

Total Licensed Bed Capacity (12/31/04): 18

Number of Residents on 12/31/04: 14

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Non-Profit Corporation

Skilled

No

No

Yes

17

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		35.7
Supp. Home Care-Personal Care	No					1 - 4 Years		28.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.1	More Than 4 Years		35.7
Day Services	No	Mental Illness (Org./Psy)	7.1	65 - 74	14.3			----
Respite Care	Yes	Mental Illness (Other)	7.1	75 - 84	21.4			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	42.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	21.4	65 & Over	92.9	-----		
Transportation	No	Cerebrovascular	14.3		----	RNs		14.8
Referral Service	No	Diabetes	21.4	Gender	%	LPNs		16.6
Other Services	No	Respiratory	7.1		----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	21.4	Male	14.3	Aides, & Orderlies		
Mentally Ill	No		----	Female	85.7			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)				Medicaid (Title 19)				Other		Private Pay			Family Care		Managed Care					
		Per Diem (\$)		Per Diem (\$)				Per Diem (\$)		Per Diem (\$)		Per Diem (\$)		Per Diem (\$)		Per Diem (\$)		Total Resi- dents	% Of All	
Level of Care	No.	%		No.	%		No.	%		No.	%		No.	%		No.	%			
Int. Skilled Care	0	0.0	0	1	9.1	151	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	7.1
Skilled Care	0	0.0	0	10	90.9	128	0	0.0	0	3	100.0	130	0	0.0	0	0	0.0	0	13	92.9
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		11	100.0		0	0.0		3	100.0		0	0.0		0	0.0		14	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	6.3	Bathing	0.0	21.4	78.6	14
Private Home/With Home Health	0.0	Dressing	14.3	42.9	42.9	14
Other Nursing Homes	6.3	Transferring	14.3	42.9	42.9	14
Acute Care Hospitals	81.3	Toilet Use	21.4	28.6	50.0	14
Psych. Hosp.-MR/DD Facilities	0.0	Eating	64.3	14.3	21.4	14
Rehabilitation Hospitals	0.0	*****				
Other Locations	6.3	Continence	%	Special Treatments	%	
Total Number of Admissions	16	Indwelling Or External Catheter	7.1	Receiving Respiratory Care	7.1	
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	78.6	Receiving Tracheostomy Care	0.0	
Private Home/No Home Health	15.0	Occ/Freq. Incontinent of Bowel	50.0	Receiving Suctioning	0.0	
Private Home/With Home Health	20.0	Mobility		Receiving Ostomy Care	0.0	
Other Nursing Homes	0.0	Physically Restrained	0.0	Receiving Tube Feeding	7.1	
Acute Care Hospitals	0.0			Receiving Mechanically Altered Diets	21.4	
Psych. Hosp.-MR/DD Facilities	0.0					
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	65.0	With Pressure Sores	28.6	Have Advance Directives	100.0	
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	20			Receiving Psychoactive Drugs	50.0	

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities					

	This Facility	Other Hospital-Based Facilities	All Facilities		
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.4	91.7	1.03	88.8	1.06
Current Residents from In-County	85.7	85.3	1.01	77.4	1.11
Admissions from In-County, Still Residing	25.0	14.1	1.78	19.4	1.29
Admissions/Average Daily Census	94.1	213.7	0.44	146.5	0.64
Discharges/Average Daily Census	117.6	214.9	0.55	148.0	0.79
Discharges To Private Residence/Average Daily Census	41.2	119.8	0.34	66.9	0.62
Residents Receiving Skilled Care	100.0	96.2	1.04	89.9	1.11
Residents Aged 65 and Older	92.9	90.7	1.02	87.9	1.06
Title 19 (Medicaid) Funded Residents	78.6	66.8	1.18	66.1	1.19
Private Pay Funded Residents	21.4	22.6	0.95	20.6	1.04
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00
Mentally Ill Residents	14.3	32.7	0.44	33.6	0.43
General Medical Service Residents	21.4	22.0	0.97	21.1	1.02
Impaired ADL (Mean)*	62.9	49.1	1.28	49.4	1.27
Psychological Problems	50.0	53.5	0.93	57.7	0.87
Nursing Care Required (Mean)*	8.0	7.4	1.09	7.4	1.08